**CLINIC INFORMATION HERE or LETTERHEAD**

Dr. PROVIDER NAME and the team here at CLINIC NAME are committed to providing you with the best healthcare possible; our goal is to help you reach your optimal health and function. With that in mind, we always make recommendations based on your health condition and not on what your insurance will cover. The decision to proceed with care is always up to you, as the patient, since your healthcare choices are personal decisions. With that in mind, this notice is intended to help you understand what is covered by Medicare in a chiropractic office and what may be your financial responsibility.

Medicare covers spinal adjustments ONLY if the treatment meets Medicare’s guidelines for medical necessity. Medicare **does not pay for maintenance care**. Medicare (CMS) defines maintenance care as follows: "Maintenance therapy includes services that seek to prevent disease, promote health and prolong and enhance the quality of life, or maintain or prevent deterioration of a chronic condition. When further clinical improvement cannot reasonably be expected from continuous ongoing care, and the chiropractic treatment **becomes supportive rather than corrective in nature**, the treatment is then considered maintenance therapy.” While being treated for a chronic condition, you may elect to receive care beyond that which is determined to be medically necessary. You may also choose to receive maintenance care once maximum benefit from treatment has been reached.

Since Medicare only covers medically necessary spinal adjustments, **all other services** that we deliver here in our office **are excluded by Medicare** because they are ordered or rendered by a Doctor of Chiropractic. This includes the items listed below:

*(You must customize this list to include the services you offer in your office)*

* X-rays
* E/M services (examinations)
* Adjustments to areas other than the spine, such as the shoulder, arm, hand, leg, ankle, and foot.
* Physical therapy modalities and procedures, such as traction, electric muscle stimulation, ultrasound, and exercises
* Durable medical equipment, such as pillows, braces, supports and exercise tools for home use
* Acupuncture
* Laser Treatment
* Dry Needling
* Laboratory Tests

It is our office policy to never deny care to any patient due to financial circumstances. We offer many options to assist you with your financial responsibility and will discuss each of these options with you in detail. We are happy to have you as a part of our practice family. Please let us know if you have any questions related to your treatment here at CLINIC NAME.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge that I have **PRINT NAME**

been told in advance by my provider that the services/products listed above are not covered by my Medicare plan.

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**Patient Signature**  **Date**